

Exhibit A

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC 440-2020-06968	
ILLINOIS DEPARTMENT OF HUMAN RIGHTS and EEOC <i>State or local Agency, if any</i>			
Name (indicate Mr., Ms., Mrs.) MS. MICHELE CAVER		Home Phone (773) 331-3697	Year of Birth 1966
Street Address City, State and ZIP Code 647 KNOLLS ST W, DEKALB, IL 60115			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name UNION PACIFIC RAILROAD		No. Employees, Members 501+	Phone No. (815) 561-2512
Street Address City, State and ZIP Code 2701 INTERMODAL DRIVE, DEKALB, IL 60115			
Name		No. Employees, Members	Phone No.
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input checked="" type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)			DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 09-24-2020 09-24-2020 <input type="checkbox"/> CONTINUING ACTION
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): I began my employment with Respondent in or around July 2008. My most recent position was Manager-Train Operations. On or about September 24, 2020, I was discharged for an incident while younger, male, non-Black employees were not discharged for the same or similar incident. I believe that I have been discriminated against because of my age, 53 (YOB: 1966), in violation of the Age Discrimination in Employment Act of 1967, as amended. I believe that I have been discriminated against because of my sex, female, and race, Black, in violation of Title VII of the Civil Rights Act of 1964, as amended.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT	
Digitally signed by Michele Caver on 11-30-2020 01:26 PM EST		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	